

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22516

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **1818**) **Oregon** St. Ward)

File No.....
Registered No. **6155**

2. FULL NAME

Lawrence B. Maddock
(a) Residence. No. **1818 Oregon** St., **23** Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 14 1843**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
83 7 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Loopers**
(b) General nature of industry, business, or establishment in which employed (or employer) **Retired**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Carlow**
(STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **John Maddock**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Carlow**
(STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Mary Bulger**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Carlow**
(STATE OR COUNTRY) **Ireland**

14. INFORMANT **William Maddock**
(Address) **7280 Manchester**

15. FILED **41 - 1 1927** **mar b Starks**
19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 3 1927**

17. I HEREBY CERTIFY, That I have deceased from **July 3 1927** to **July 3 1927** and that I last saw **him** alive on **July 3 1927**, and that death occurred, on the date stated above, at **1818 Oregon St.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Multiple cerebral thromboses
(duration) **2** yrs. mos. da.

CONTRIBUTORY (secondary) **Myocarditis**
chronic (duration) **2** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF

WAS THERE AN AUTOPSY? **NO**

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **William Baker**, M. D.

(Address) **5424 Easton**
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cem** DATE OF BURIAL **7/6 1927**

20. UNDERTAKER **Carham** ADDRESS **7146 Manchester**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

